

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM M/003/045 8/21/02

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

ERNIE RAY HALE SIERRA STONE, INC.
Street, Apt. No., or PO Box No.
475 E ELM ST
City, State, ZIP+4

OAKLEY ID 83346

PS Form 3800, February 2000

See Reverse for Instructions

M/003/045 8/21/02

Postmark
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SIERRA STONE, INC.

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See Reverse for Instructions